

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits</p>		<p>A Signature X <i>Roger F. Steadman, Jr.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Roger F. Steadman, Jr. 2777 Montana Ave, #C8 Cincinnati, OH 45211</p>		<p>B Received by (Printed Name) <i>ROGER STEADMAN JR</i> C. Date of Delivery <i>10/17/05</i></p>	
		<p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>70033110000502280606</i></p>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-0835	

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<p>1. Article Addressed to:</p> <p>Spectrum Interiors Attn: Human Resources P.O. Box 17653 Erlanger, KY 41017</p>		<p>B Received by (Printed Name) <i>L. Niemeyer</i> C. Date of Delivery <i>10-17-05</i></p>	
		<p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>70033110000502280613</i></p>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-0835	